

FILED DEC 30 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 10292

BIRTH NO. 79741-50 REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 302R Registrar's No. 181

|   |                        |   |                           |
|---|------------------------|---|---------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY Franklin   |                        | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE Missouri b. COUNTY Warren  |                           |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN Washington  |                        | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN Peers, Mo. 1090   |                           |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br>St. Francis Hospital   |                        | d. STREET ADDRESS (If rural, give location)<br>None.  |                           |
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) MARCELLA ANN  |                        | b. (Middle) Hellebusch  |                           |
| c. (Last) Hellebusch  |                        | 4. DATE OF DEATH (Month) (Day) (Year)<br>12/18/50   |                           |
| 5. SEX F  | 6. COLOR OR RACE white | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br>never married   | 8. DATE OF BIRTH 12/15/50 |
| 9. AGE (In years last birthday) 3   |                        | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>none  |                           |
| 11. BIRTHPLACE (State or foreign country)<br>Washington, Mo   |                        | 12. CITIZEN OF WHAT COUNTRY<br>U. S. A.   |                           |
| 13a. FATHER'S NAME<br>Werner Hellebusch   |                        | 13b. MOTHER'S MAIDEN NAME<br>Christine Westhoff   |                           |
| 14. NAME OF HUSBAND OR WIFE<br>None   |                        | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns)<br>no  |                           |
| 16. SOCIAL SECURITY NO.<br>none   |                        | 17. INFORMANT'S SIGNATURE OR NAME<br>Werner Hellebusch  |                           |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. |                        | 19. MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Erythroblastosis Fetalis<br><br>ANTECEDENT CAUSES<br>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><br>DUE TO (b) _____<br><br>DUE TO (c) _____<br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |                           |
| 20. INTERVAL BETWEEN ONSET AND DEATH<br>3 days  |                        | 21. 7700  |                           |
| 19a. DATE OF OPERATION  |                        | 19b. MAJOR FINDINGS OF OPERATION  |                           |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify)  |                        | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  |                           |
| 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)   |                        | 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)  |                           |
| 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |                        | 21f. HOW DID INJURY OCCUR?  |                           |
| 22. I hereby certify that I attended the deceased from 12-15, 1950, to 12-18, 1950, that I last saw the deceased alive on 12-18, 1950, and that death occurred at 4:30 p. m., from the causes and on the date stated above.     |                        |   |                           |
| 23a. SIGNATURE<br>Werner H. Hellebusch  |                        | 23b. ADDRESS<br>Marthasville Mo   |                           |
| 23c. DATE SIGNED<br>12-19-50  |                        | 24. BURIAL, CREMATION, REMOVAL (Specify)<br>Burial  |                           |
| 24a. DATE<br>12/19/50   |                        | 24b. NAME OF CEMETERY OR CREMATORY<br>St. Ignatius Ce.m.  |                           |
| 24c. LOCATION (City, town, or county) (State)<br>Concord Hill Mo.   |                        | 24d. DATE REC'D BY LOCAL REG.<br>Dec. 19, 1950  |                           |
| 24e. REGISTRAR'S SIGNATURE<br>99  |                        | 24f. FUNERAL DIRECTOR'S SIGNATURE<br>Marthasville, Mo.  |                           |
| 24g. ADDRESS<br>Marthasville, Mo.   |                        | 24h. ADDRESS<br>Marthasville, Mo.   |                           |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

DEC 23 1950

DISTRICT HEALTH OFFICE No. 4

File No.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

working under my personal supervision.

Student Embalmer No.....

Body not embalmed.

Signed.....

Signed.....  
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

.If this body is not embalmed, fact should be so stated above.